



STATEMENT FOR THE RECORD

International Myeloma Foundation

**Before the
U.S. House Committee on Oversight and Government Reform
Subcommittee on Health Care and Financial Services
Hearing on
“Unequal Treatment: Addressing the Drivers of Unaffordability for Oral
Chemotherapy”
September 15, 2026**

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The International Myeloma Foundation submits this statement for the record in support of H.R. 4101, the Cancer Drug Parity Act. The International Myeloma Foundation is the world's largest organization dedicated to the prevention and cure of myeloma and improving the quality of life for patients and families. We work toward this mission through four key areas: research, education, support, and advocacy.

The Foundation thanks Chairman Grothman and the Subcommittee on Health Care and Financial Services for holding this hearing and examining the disparities in patient costs between oral- and provider-administered cancer treatments. The cancer community has worked for more than a decade to bring greater Congressional attention to this issue, and we appreciate the opportunity to provide the perspective of patients living with multiple myeloma. We are here to voice the concerns of patients who may have to consider taking on debt or drawing on savings to receive crucial, doctor-recommended treatments.

Cancer treatment has changed significantly in recent decades. Many cancer therapies, particularly treatments for blood cancers such as multiple myeloma, are now oral or self-administered medications. This means that patients can take these medications at home. Insurance benefit design, however, can result in very different out-of-pocket costs depending on how a cancer medication is administered.

For patients, how a cancer treatment is administered is not merely a matter of preference. Oncology teams select a patient's therapies based on the characteristics of the disease, prior treatments, treatment response, potential side effects, overall health, and other clinical factors. Therefore, a patient prescribed an oral anticancer medication generally cannot switch to an infused therapy simply because the health plan covers the infusion more favorably.

This is particularly relevant for people living with multiple myeloma. Myeloma is a complex blood cancer for which patients often receive multiple lines of therapy over the course of their disease. Treatment may continue for many years, and oral and self-administered medications are integral to modern myeloma care.

Some health plans require patients to pay substantially more for oral anticancer medications than for treatments administered by a health care provider. This difference in cost can prevent patients from accessing the treatment recommended by their oncology team.

For patients and families, these costs are not an abstract question of insurance design. Through our work with the myeloma community, we hear about the difficult decisions families face when the cost of treatment becomes unaffordable. Patients may worry about whether they can afford the next refill, draw down savings, take on debt, or rely on family

members to help cover the cost of treatment. Some may be forced to weigh the cost of their cancer medication against other household expenses such as housing, utilities, groceries, or transportation.

These financial pressures can fall especially hard on patients who already face barriers to accessing cancer care. Patients in rural communities often travel long distances to see a cancer specialist, while working families may face lost wages, transportation costs, and other expenses associated with treatment. Patients with limited financial resources, as well as patients from racial and ethnic minority communities that experience disparities in cancer care, may have even less ability to absorb high out-of-pocket costs. Insurance policies should not add to these challenges by making a medically appropriate cancer treatment more difficult to afford simply because of how that treatment is administered.

For someone living with cancer, delaying or going without treatment can have serious consequences. A patient who cannot afford a prescribed medication may delay filling it, interrupt treatment, or ask to switch therapies based on cost rather than clinical need. In a disease like multiple myeloma, where maintaining control of the disease is essential, financial barriers that interfere with treatment can have drastic consequences for patients and their families.

The financial impact of cancer also extends beyond the price of a prescription. Patients may already be managing costs associated with physician visits, laboratory testing, imaging, hospital care, travel to treatment centers, and time away from work. Care partners may also miss work or take on additional responsibilities. High cost-sharing for oral cancer medications can add to the financial strain families already face after a cancer diagnosis.

H.R. 4101 would address one part of this problem. It would require applicable health plans to provide the same or better cost-sharing terms for prescribed anticancer medications that patients take themselves as for anticancer medications administered by a health care provider.

A patient's financial responsibility for cancer treatment should not be determined by whether a medication is taken at home or administered in a medical setting. Coverage should support access to the treatment determined to be medically appropriate for that individual patient.

The need for federal action remains significant. While many states have enacted oral anticancer parity laws, state insurance requirements do not reach all health plans. As a result, patients can face different protections depending on the type of health coverage they receive. H.R. 4101 would help address this remaining gap at the federal level.

For years, the International Myeloma Foundation and our patient advocates have raised this issue directly with Congress. Patients and care partners have traveled to Washington, visited Congressional offices in their home states and districts, written to their elected officials, and shared their experiences with Members of Congress and Congressional staff.

One of the things our advocates frequently encounter in these meetings is surprise that cancer treatment can be taken orally at all. Congressional staff are often familiar with the traditional image of cancer treatment taking place in an infusion center. Yet they may be less familiar with how significantly cancer care has evolved and how many patients now take anticancer medications at home.

These conversations give our advocates an opportunity to explain that oral anticancer medications are not simply a more convenient version of infusion therapy. They are distinct treatments prescribed based on the individual patient's disease and clinical circumstances.

They also give patients an opportunity to explain what insurance policy looks like in real life. Terms such as "cost sharing," "coinsurance," and "benefit design" can sound technical in a policy discussion. For a patient, they can mean wondering whether the medication prescribed to control their cancer will be affordable when they arrive at the pharmacy.

This is why Congressional attention to this issue is so important. Before differences in coverage can be addressed, policymakers must understand both how cancer is treated today and how differences in insurance benefit design affect the people receiving that treatment. Our advocates have helped build that understanding one Congressional meeting at a time.

These patient voices are central to this discussion. Behind questions of benefit design and cost sharing are individuals and families navigating a serious cancer diagnosis and trying to access the treatment recommended by their health care team.

The International Myeloma Foundation appreciates the Subcommittee's attention to oral anticancer affordability and the opportunity this hearing provides to examine the barriers patients continue to face. We respectfully urge Congress to advance H.R. 4101, the Cancer Drug Parity Act, and establish federal protections against disparities in cost sharing based on how an anticancer medication is administered.

On behalf of the International Myeloma Foundation and the patients and families we serve, thank you for bringing attention to this important issue.